**عـمــادة الـدراســات العـليــا والبـحــث العـلمـــي**

**Deanship of Graduate Studies &Scientific Research**

Tel. +962-6-429-4444, Fax. +962-6-430-0217 P.O. Box 35247 Amman 11180 Jordan

**Research Assistant Monthly Time Sheet**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Account** |  | **Research Staff Name** |  |
| **Principal Investigator** |  | **Research Staff number** |  |

|  |  |
| --- | --- |
| **Department** |  |
| **Worked Weeks** | **From To** |

**The following table should be completed by the employee and submitted to the supervisor**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Hours Worked** | | **Date** | **Hours Worked** | |
| **After Work** | **Holiday** | **After Work** | **Holiday** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Hours (After Work\*1.25 + Holiday\*1.5) =** | | | | | |

**I certify the above to be true and accounting all time worked**

**Research Staff Signature Supervisor Date**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorization** | **Name** | **Date** | **Signature** |
| **Payment authorization (Dean of Scientific Research)** |  |  |  |

**To Finance Office: This research staff has carried out………………………………hours of work for the period of…………….…………..to………………………………….**

**Please arrange for payments of wages to his/her account.**